

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46397
STATE FILE NUMBER
12347
Registrar's No.

FILED DEC 30 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12347

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in 1b		d. STREET ADDRESS 6111 Southwest Ave.	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) First MAE Middle TREASTER Last		4. DATE OF DEATH Dec. 21 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 31, 1876	9. AGE (In years last birthday) 81	10. FUNDING YEAR Months Days Hours Min.	11. BIRTHPLACE (City and state or country) Hulls, Ill.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Hulls, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Morris			13b. MOTHER'S MAIDEN NAME Lucinda Bolen			14. NAME OF HUSBAND OR WIFE Late Harrt Treaster	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Grace Berblinger 6111 Southwest Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute intestinal obstruction</i> <i>ventral hernia (postoperative)</i> DUE TO (b) <i>Ventral Hernia (Postoperative)</i> DUE TO (c) <i>term. pneumonia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>term. pneumonia</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>40 years</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>12-17-1957</i> to <i>12-21-1957</i> and last saw ^{her} alive on <i>12-21-57</i> Death occurred at <i>10:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W.L. Tomlinson</i> (degree or title) <i>W.L. Tomlinson M.D.</i>				22b. ADDRESS <i>508 N. Grand</i> <i>508 N. Grand St. Louis Mo.</i>		22c. DATE SIGNED <i>12-23-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Dec. 24, 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		23d. LOCATION (City, town, or county) <i>St. Louis Co. Mo.</i>	
24. FUNERAL DIRECTOR <i>Kriegshauser 4228 S. Kingshighway</i>				25. DATE RECD. BY LOCAL REG. <i>DEC 23 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> <i>m 8 b</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(overseas) State Embalmers

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. **4533**

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.